

**Power of Attorney,  
Change of Correspondence Address,  
and Revocation of Previous Powers,  
If Any**

Application Number	09/981,453
Filing Date	October 18, 2001
First Named Inventor	Jens B. Junkermann
Art Unit	2162
Examiner Name	Robert Stevens
Attorney Docket Number	10022/93

I hereby revoke all previous powers of attorney, if any, given for the application or patent specified above.

I hereby appoint the practitioners associated with the Customer Number **33391** as our practitioners to prosecute the patent or patent application specified above, and to transact all related business in the United States Patent & Trademark Office.

Please recognize and change the correspondence address for the above-identified application or patent to the address associated with Customer Number: **33391**

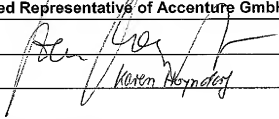

The undersigned is authorized to act on behalf of **Accenture GmbH**, the Assignee of record of the entire right, title, and interest in the application or patent specified above. A statement under 37 CFR 3.73(b) will be attached to establish Assignee's ownership.

The undersigned duly authorized representative of **Accenture GmbH** also authorizes and empowers the practitioners associated with Customer Number **33391** to accept and follow instructions from Wayne P. Sobon, John F. Rollins, Paul A. Roberts, Michael B. Chernoff, Charulata J. Shah, or Thomas Kretschmer, attorneys of **Accenture GmbH**, as to any action to be taken in the United States Patent & Trademark Office regarding the application or patent specified above, without conferring with any other representative of **Accenture GmbH**, and to execute a Statement Under 37 CFR 3.73(b) on behalf of **Accenture GmbH** to establish its right to take action as an assignee for the above-identified patent application.

**SIGNATURE of Authorized Representative of Accenture GmbH**

Name:   
Title:

Signature: 

Date:   


NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☒ \*A total of one (1) form(s) is/are submitted.